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**\*BIBDATASHEET\*****CONFIRMATION NO. 7973**

Bib Data Sheet

SERIAL NUMBER 10/033,371	FILING DATE 10/19/2001  RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. MVMDINC.001CP2
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**\*\* CONTINUING DATA \*\*\*\*\***This application is a CIP of 09/435,562 11/08/1999 *pending**Ceb***\*\* FOREIGN APPLICATIONS \*\*\*\*\****none Ceb***IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 02/01/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 31-39	INDEPENDENT CLAIMS 79
Verified and Acknowledged	<i>Shurt</i> Examiner's Signature	Initials			

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**TITLE**

ADJUSTABLE LEFT ATRIAL APPENDAGE OCCLUSION DEVICE

<p>FILING FEE RECEIVED 1516</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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